

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/563 128
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51		1			
2	1							52		1			
3								53		1			
4	2							54		1			
5								55		1			
6	3							56		1			
7								57		1			
8	1							58		1			
9	1							59		1			
10	1							60		1			
11	1							61		1			
12	1							62		1			
13	1							63		1			
14	3							64		1			
15	1							65		1			
16	1							66		1			
17	1							67		1			
18	1							68		1			
19	1							69		1			
20	1							70		1			
21	1							71		1			
22	1							72		1			
23	3							73		1			
24	3							74		1			
25	3							75		1			
26	3							76		1			
27	3							77		1			
28	3							78		1			
29								79		1			
30								80		1			
31								81		1			
32								82		1			
33	1							83		1			
34	1							84		1			
35	1							85		1			
36	1							86		1			
37	1							87		1			
38	1							88		1			
39	1							89		1			
40	5							90		1			
41	6							91		1			
42	6							92		1			
43	6							93		1			
44	6							94		1			
45	6							95		1			
46	6							96		1			
47	6							97		1			
48	6							98		1			
49	6							99		1			
50	6							100		1			
TOTAL IND.								TOTAL IND.					
TOTAL DEP.		↓		↓		↓		TOTAL DEP.		↓	4	↓	
TOTAL CLAIMS		←		←		←		TOTAL CLAIMS		←	46	←	
		████████		████████		████████					50		